



# Camper Application

Return to: Alaska Camps, 6100 O'Malley Rd, Anchorage, AK 99507

Web: [www.alaskaconference.org/departments/alaska-camps](http://www.alaskaconference.org/departments/alaska-camps)

## OFFICE USE ONLY

Postmarked \_\_\_\_\_  
 Camp Fee \$ \_\_\_\_\_  
 Balance Due \$ \_\_\_\_\_  
 Camp Choice \_\_\_\_\_  
 Assigned to \_\_\_\_\_  
 Confirmation \_\_\_\_\_

## Camper Information

<b>CAMP ATTENDING:</b>			
<input type="checkbox"/> Teen Xtreme <input type="checkbox"/> Camp Tuk Juniors <input type="checkbox"/> Camp Polaris <input type="checkbox"/> Camp Lorraine			
LAST NAME:		FIRST NAME:	
ADDRESS:		MI:	
CITY:			
STATE:		ZIP:	
CAMPER'S CELL PHONE:		CAMPER'S EMAIL:	
DATE OF BIRTH:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	HOME PHONE:	
DAD:	CELL:	WORK:	
MOM:	CELL:	WORK:	
GUARDIAN:	CELL:	WORK:	
CHURCH:	DENOMINATION:		
EMERGENCY CONTACT:	CELL:	OTHER:	

**Roommate  
Special Request:**  
 I would love to bunk with the following person(s) if possible!

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

I understand that I may not get all of my friends with me! But I thank you in advance for attempting.

**Parent/Camper Initials:**  
 \_\_\_\_\_

## Health History

<b>IMMUNICATIONS</b> (Month/Year) <i>Complete or attach copy of current shot records</i>	
Tetanus ____/____ Polio ____/____ TB ____/____ MMR ____/____	
<b>ALLERGIES</b> <i>Be specific when listing allergies</i>	
<input type="checkbox"/> No Allergies    Food: _____ Drugs: _____    Bees: _____ Plants: _____    Other: _____	
<b>RECENT CONDITIONS</b>	
<input type="checkbox"/> Ear Infection <input type="checkbox"/> Bed-wetting <input type="checkbox"/> Fainting <input type="checkbox"/> Stomach Upsets <input type="checkbox"/> Head Lice <input type="checkbox"/> Sleep-walking <input type="checkbox"/> Seizures <input type="checkbox"/> Night Terrors	
<b>MEDICATIONS</b>	
<b>RESTRICTIONS</b>	
PHYSICIAN	PHONE

Please attach other instructions or comments as needed

## Camper Fees & Expenses



Camp Tukuskoya (\$260 per camper)

Junior Camp (ages 8-12) \$ \_\_\_\_\_

Teen Base Camp (ages 13-16) \$ \_\_\_\_\_

Bus Fare (\$10 one way; \$20 round trip) \$ \_\_\_\_\_

Camp Polaris (\$260/camper) \$ \_\_\_\_\_

Camp Lorraine (\$260/camper) \$ \_\_\_\_\_

Camp Store/Trading Post \$ \_\_\_\_\_

Early Bird Discount (*before May 15*) \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

**Amount Enclosed** \$ \_\_\_\_\_

I need help going to camp and have applied for a scholarship

Click [here](#) to apply for a scholarship; please read carefully about fees & deadlines

### All Camps, Camper Fees & Discounts

Base Camper Fee \$260

Early Bird Discount of \$15 (Camp fee \$245)  
(IF received before May 15)

May 15—June 9 (Regular Camp Fee \$260)

After June 9 & Walk-in Camper Fee: \$275

REFUNDS minus a \$50 reservation fee are possible before May 31.

CAMPER FEES are non-refundable after June 1, but transferable to another camper!

## Activity/Class Preferences

Please help speed up registration by choosing two classes from the list that corresponds with the camp you are attending!

	Archery	Arts & Crafts	BMX	Challenge Course	Water Sports	Swimming I, II or III	Field Sports	Digital Photography	Nature / Geocaching	Firebuilding/ Camp Skills
Tukuskoya										
Polaris			NA	NA						
Lorraine			NA	NA						

## Authorization

**EMERGENCY AUTHORIZATION:** In case of emergency, I hereby give permission to the physician(s) selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. As a parent/legal guardian of the applicant, I am in favor of him/her attending camp and accept the conditions named. The health history/application information is correct as far as I know; the person herein described has permission to engage in all prescribed camp activities except as noted. In addition, I have read and understand the Emergency Authorization statement and give my full consent to the terms found therein.

**MEDIA AUTHORIZATION:** Applicant *photographs* may be used for promotional materials.

**CAMPER AGREEMENT:** As applicant, I agree to abide by ALL camp regulations and policies and uphold all camp objectives.

Camper/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_